

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010170

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 58 Primary Registration District No. 4091 Registrar's No. 5

FILED MAR 30 1962

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Rev. 4/596180
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fremont</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Norris Garage Hwy 60</u>		d. STREET ADDRESS (If outside, give location) <u>2528 N. Woodlawn Dr</u>	
3. NAME OF DECEASED (Type or print) First <u>Royal</u> Middle <u>Witter</u> Last <u>Cary</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/2/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATE REPRESENTATIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUTUAL INSURANCE</u>	11. BIRTHPLACE (City and state of country) <u>Ridott, Illinois</u>
13a. FATHER'S NAME <u>MERTON E. CARY</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE WITTER</u>	14. NAME OF HUSBAND OR WIFE <u>IRMA PAULSON CARY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NEVER</u>		17. INFORMANT <u>C. E. Sheldon</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Frontal Skull Fracture</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Impact of Car - Caused Compound Fracture</u>	
20c. TIME OF INJURY Hour <u>10:00</u> a.m. <u>pm</u> Month, Day, Year <u>3-16-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60</u>	20f. CITY, TOWN, OR LOCATION <u>Fremont</u>	COUNTY <u>Carter</u>	STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:00A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Coleman McHadden</u>		22b. ADDRESS <u>Van Buren, Mo</u>	22c. DATE SIGNED <u>3-16-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/20/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MASON CITY, IOWA</u>
24. FUNERAL DIRECTOR <u>McHadden</u>	ADDRESS <u>Van Buren, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 23-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>

(Licensed Embalmer's Statement on Reverse Side)

NS MAR 30 1962

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APR 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen C. McGeehan

Licensed Embalmer No. 4543

P. O. Address Van Buren, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.